MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/685194 | FILING DATE

APPLICANT(S)

8/1/2005

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5				1		
6				1		
7				1		
8				1		
9				1		
10				1		
11				1		
12				1		
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49						
50						
TOTAL IND.			1			
TOTAL DEP.				21		
TOTAL CLAIMS				22		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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